DATE:	2/20/01			
TO:			_	
FROM:	Office of Initial Pater	nt Examinatio	n	
SUBJECT:	Fee Due			
APPLICAT	TION NUMBER:	1007471	18	
Office for the authorization	ne following reason. It is not charge a deposit a appropriate fee. If an a	Please check taccount. If ar	he application	
☐ Insuffic	ient fee by check			
Insuffici	ient funds in deposit ac	ccount		
□ Declined	d credit card			
□ Non auti	horization for charge t	o deposit acc	ount	
□ No fee s	ubmitted per requirem	nent ^{få}		
·		,	٠,	
The correct	fee code:/ <i>o</i> }_		amount	\$ 740
The suspend	ded fee code: 197		amount .	- \$
Fee Due		·	amount	=\$ 740
	any questions, please o tz at 703-308-3642.	contact Cynth	ia Streater at	t 703-306-5430 or
Carminal Or	perator TC=0/0			*